

Second Amended Complaint

UNITED STATES DISTRICT COURT

for the

Southern District of Illinois

JONATHAN W. BOHN

Case Number: ~~3:17-cv-01292~~

3:17-cv-01292 JPG

(Clerk's Office will provide)

Plaintiff/Petitioner(s)

v.

ZT JUDGE
AR SCARS

Defendant/Respondent(s)

☐ CIVIL RIGHTS COMPLAINT

pursuant to 42 U.S.C. §1983 (State Prisoner)

☒ CIVIL RIGHTS COMPLAINT

pursuant to 28 U.S.C. §1331 (Federal Prisoner)

☐ CIVIL COMPLAINT

pursuant to the Federal Tort Claims Act,
28 U.S.C. §§1346, 2671-2680, or other law

I. JURISDICTION

Plaintiff:

- A. Plaintiff's mailing address, register number, and present place of confinement.

P.O. Box 5000 #08570-025
Greenville, IL 62346
FCI Greenville

Defendant #1:

- B. Defendant ZT JUDGE is employed as

(a) (Name of First Defendant)

ZT

(b) (Position/Title)

with Federal Bureau of Prisons

(c) (Employer's Name and Address)

Greenville, IL 62346

At the time the claim(s) alleged this complaint arose, was Defendant #1 employed by the state, local, or federal government? ☒ Yes ☐ No

If your answer is YES, briefly explain:

Employee of the BOP.

Defendant #2:

C. Defendant DR SEARS is employed as
(Name of Second Defendant)

Psychology
(Position/Title)

with Federal Bureau of Prisons
(Employer's Name and Address)

Greenville, SC 29616

At the time the claim(s) alleged in this complaint arose, was Defendant #2
employed by the state, local, or federal government? ☒ Yes ☐ No

If you answer is YES, briefly explain:

Employee of B.O.P.

Additional Defendant(s) (if any):

D. Using the outline set forth above, identify any additional Defendant(s).

II. PREVIOUS LAWSUITS

- A. Have you begun any other lawsuits in state or federal court relating to your imprisonment? ☐ Yes ☒ No

- B. If your answer to "A" is YES, describe each lawsuit in the space below. If there is more than one lawsuit, you must describe the additional lawsuits on another sheet of paper using the same outline. Failure to comply with this provision may result in summary denial of your complaint.

1. Parties to previous lawsuits:
Plaintiff(s):

Defendant(s):

2. Court (if federal court, name of the district; if state court, name of the county):
3. Docket number:
4. Name of Judge to whom case was assigned:
5. Type of case (for example: Was it a habeas corpus or civil rights action?):
6. Disposition of case (for example: Was the case dismissed? Was it appealed? Is it still pending?):
7. Approximate date of filing lawsuit:
8. Approximate date of disposition:

III. GRIEVANCE PROCEDURE

A. Is there a prisoner grievance procedure in the institution? ☒ Yes ☐ No

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? ☒ Yes ☐ No

C. If your answer is YES,

1. What steps did you take?

Remedy

2. What was the result?

Denial

D. If your answer is NO, explain why not.

E. If there is no prisoner grievance procedure in the institution, did you complain to prison authorities? ☐ Yes ☐ No

F. If your answer is YES,

1. What steps did you take?

2. What was the result?

G. If your answer is NO, explain why not.

H. Attach copies of your request for an administrative remedy and any response you received. If you cannot do so, explain why not:

IV. STATEMENT OF CLAIM

- A. State here, as briefly as possible, when, where, how, and by whom you feel your constitutional rights were violated. Do not include legal arguments or citations. If you wish to present legal arguments or citations, file a separate memorandum of law. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. If your claims relate to prison disciplinary proceedings, attach copies of the disciplinary charges and any disciplinary hearing summary as exhibits. You should also attach any relevant, supporting documentation.

LT Dugdale and Dr. Sears Failed To Secure safety By not Finding the RAZOR in the suicide watch room where the plaintiff was placed. which Mr. Bohn sliced His wrist 5x times with said RAZOR.

Everything in this has been already sent just not in your format, stop the spinning. Once again I File via 2nd ^{Amende} Complaint

LT Dugdale & Dr. Sears put Mr. Bohn in a suicide watch room with a RAZOR in said room. I can't keep sending you the medical records for you got them all, pull and review them for their in your department - OR order medical records to
(Rev. 7/2010)
 5
 to the court in Greenville N

V. REQUEST FOR RELIEF

State exactly what you want this court to do for you. If you are a state or federal prisoner and seek relief which affects the fact or duration of your imprisonment (for example: illegal detention, restoration of good time, expungement of records, or parole), you must file your claim on a habeas corpus form, pursuant to 28 U.S.C. §§ 2241, 2254, or 2255. Copies of these forms are available from the clerk's office.

\$ 50,000 ACTUAL DAMAGES AND
 \$ 100,000 punitive
 Order MR. Boha TO A MEDICAL FACILITY
 UNDER PSYCH CARE & EVALUATION

VI. JURY DEMAND (check one box below)

The plaintiff ☒ does ☐ does not request a trial by jury.

DECLARATION UNDER FEDERAL RULE OF CIVIL PROCEDURE 11

I certify to the best of my knowledge, information, and belief, that this complaint is in full compliance with Rule 11(a) and 11(b) of the Federal Rules of Civil Procedure. The undersigned also recognizes that failure to comply with Rule 11 may result in sanctions.

Signed on:

FEB 28, 2018
(date)

P.O. Box 5000

Street Address

Greenville, IL 62246
City, State, Zip

Signature of Plaintiff

Jon W Boha

Printed Name

Jon W Boha

Prisoner Register Number

08570-025

Signature of Attorney (if any)

1 of 1

Case 3:17 CV 01292 - JPB
Document 14 ordered By the Court
Page 3 of Doc 14, lines 1, 2, 3, 4, and
5.

The plaintiff has acted as court
ordered on Filing Amended Complaint
(2nd)

Enclosed is 2nd Amended Complaint
attached with supporting Facts of
Said Allegations, ~~I~~ ASK the Court
to Admit All Filings in 2nd Amended Complaint

MARCH 02, 2018

Dated

Jon W. Bohn

Pro Se

CASE 3:17-CV-01292 JPG

10FI

Motion

Release of Evidence and Video
Footage of SAID incident.

- 1.) suicide log Book
- 2.) Video Footage, suicide room on
Dates 8-22-17 and 8-23-17
- 3.) medical assessment video and
documents sent to Region.

For I'm told I can't get copies.

JONATHAN W BOHN #08570-025
Federal Correctional Institute
P.O. Box 5000
Greenville, SC 29616

MARCH 02, 2018

Dated

Jon W Bohn
Pro Se

JONATHAN W Bohn
Pro Se
Plaintiff

LT Dugdale
DR SEARS
FCI Greenville

10F2

3:17-cv-01292 JPG

STIPULATED FACTS.

- 1) MR Bohn WAS PLACED ON SUICIDE WATCH 8-22-17, where AS MR Bohn AND THE SUICIDE WATCH ROOM WAS CLEARED AND SECURED BY LT DUGDALE AND DR SEARS THE RAZOR WAS IN SAID WATCH ROOM DURING AND AFTER THE SEARCH.
- 2) ON 8-23-17 AROUND 12:05pm, LT DUGDALE SEARCHED MR. Bohn AND ROOM ONCE AGAIN where LT DUGDALE OVERLOOKED THE RAZOR THAT WAS IN PLAIN VIEW ON TOP OF THE MATTRESS, 2 FEET FROM HIM.
"Video Footage will concur" LT Dugdale then LEAVES the room SATISFIED.
- 3) AT AROUND 12:45 pm 8-23-17, MR. Bohn "slices HIS WRIST SK WITH SAID RAZOR, Incident report supports 'Suicide log Book'."

2 of 2

- 4.) Mr. Bohn was placed on suicide watch by Dr. Sears "psychology" in a suicide watch room in the medical unit for his safety.
- 5.) Lt Dugdale failed not once but twice on securing the room by missing the razor inside suicide watch room which is made for safety via unstable inmates.

Once Again, I ask the Court to order FCI Greenville, The Warden to Release said documents

- 1.) Suicide log Book of Jonathan W. Bohn
- 2.) Video Footage of Jonathan W. Bohn on suicide watch of dates 8-22-17-18-23-1
- 3.) Medical Assessment of said incident and video sent to Region.

Jade

MARCH 02, 2018

Signed & Sworn to
Jon W. Bohn

BP-A0288

JAN 17

INCIDENT REPORT

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

COPY

Part I - Incident Report

1. Institution: FCI GREENVILLE, IL		Incident Report Number: 3026936	
2. Inmate's Name: Bohn, Jonathan	3. Register Number: 08570-025	4. Date of Incident: 08-23-2017	5. Time: 1259
6. Place of Incident HSU Suicide Watch	7. Assignment: REC YARD 4		8. Unit: H3-B
9. Incident: Self-Mutilation		10. Prohibited Act Code(s) 228	

11. Description of Incident (Date: 08-23-2017 Time: 1259 Staff became aware of incident):

On 08-23-17 at 1259 I was informed by control that inmate Jonathan Bohn, Reg. No. 08570-025, was in the suicide observation cell and was bleeding. When I arrived to the cell, H01-139L, I gave Bohn a direct order to submit to hand restraints. Bohn complied with my order and allowed medical staff to assess and treat his wounds. Per the medical assessment, inmate Bohn had 5 self-inflicted lacerations to his left wrist. The lacerations were noted as superficial.

12. Typed Name/Signature of Reporting Employee: K. Dugdale <i>KD</i>		13. Date And Time: 08-23-2017 1700
14. Incident Report Delivered to Above Inmate By (Type Name/Signature): <i>wphillips/wphillips</i>	15. Date Incident Report Delivered: 8-29-17	16. Time Incident Report Delivered: 9:52am

Part II - Committee Action

17. Comments of Inmate to Committee Regarding Above Incident:

18. A. It is the finding of the committee that you: <input type="checkbox"/> Committed the Prohibited Act as charged. <input type="checkbox"/> Did not Commit a Prohibited Act. <input type="checkbox"/> Committed Prohibited Act Code(s) _____	B. <input type="checkbox"/> The Committee is referring the Charge(s) to the DHO for further Hearing. C. <input type="checkbox"/> The Committee advised the inmate of its finding and of the right to file an appeal within 20 calendar days.
--	---

19. Committee Decision is Based on Specific Evidence as Follows:

20. Committee action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed prohibited act):

21. Date and Time of Action: _____ (The UDC Chairman's signature certifies who sat on the UDC and that the completed report accurately reflects the UDC proceedings).

Chairman (Typed Name/Signature)

Member (Typed Name)

Member (Typed Name)

INSTRUCTIONS: All items outside of heavy rule are for staff use only. Begin entries with the number 1 and work up. Entries not completed will be voided by staff.

Distribute: Original-Central File Record; COPY-1-DHO; COPY-2-Inmate after UDC Action; COPY 3-Inmate within 24 hours of Part I Preparation

Copy

U.S. Department of Justice

Regional Administrative Remedy Appeal

Federal Bureau of Prisons

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: BOHN JONATHAN 08570-025 3B FCT GREENVILLE
 LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

I'M APPEALING INCIDENT REPORT NUMBER 3026936 - REGARDING PROHIBITED ACT 228 - SELF-MUTILATION. THE BASES FOR THIS APPEAL IS THE "SUPPORTED FINDINGS" OF DHD OFFICER WRITTEN SPECIFIC EVIDENCE AS DOCUMENTED IN THE REPORT DATED 9-7-2017, THE RECORD IS CLEAR THAT THE ALLEGED RAZOR WAS BROUGHT INTO THE "SUICIDE WATCH" CELL. THE RAZOR WAS NOT INTRODUCED INTO THE CELL BY INMATE Bohn. STAFF SEARCHED INMATE Bohn UPON ENTERING THE SUICIDE WATCH CELL, STAFF ALSO INSPECTED THE CELL AND LOCK HIM IN. THE NEXT DAY, STAFF OPENED THE SUICIDE WATCH CELL AT APPROX 12:05 PM, STAFF ONCE AGAIN SEARCHED INMATE Bohn AND THE CELL AND FOUND NO RAZOR. THE STATEMENT MADE TO SUPPORT THE FINDINGS AS WRITTEN ARE FALSE AS THEY ARE WRITTEN ~~THE~~ I WOULD LIKE A FULL INVESTIGATION REGARDING HOW A RAZOR CAME INTO A SUICIDE WATCH CELL

DATE

SIGNATURE OF REQUESTER

Part B - RESPONSE

COPY

DATE

REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____

LAST NAME, FIRST, MIDDLE INITIAL

REG. NO.

UNIT

INSTITUTION

SUBJECT: _____

**U.S. Department of Justice
Federal Bureau of Prisons
North Central Regional Office**

**Regional Administrative Remedy Appeal
Part B - Response**

Administrative Remedy Number: 917029-R1

This is in response to your Regional Administrative Remedy Appeal received on September 29, 2017, regarding the decision of the Discipline Hearing Officer (DHO). You were found to have committed the prohibited act of Code #228, Self-Mutilation. You state you did not bring the razor into the suicide watch cell. You request a full investigation into how a razor got into a suicide watch cell.

Your issue regarding how the razor got into a suicide watch cell has been referred to the appropriate department for review.

Your actions (self-inflicted lacerations) meet the elements of the charge and The discipline process was conducted in accordance with Program Statement 5270.09, Inmate Discipline Program.

Based on the above information, your Regional Administrative Remedy Appeal is denied.

If you are dissatisfied with this response, you may appeal to the Office of General Counsel, Federal Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the Office of General Counsel within 30 days from the date of this response.

11-30-17
Date


Sara M. Revell, Regional Director

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BOHN, JONATHAN WADE
Date of Birth: 05/04/1976
Encounter Date: 08/23/2017 14:56

Sex: M Race: WHITE
Provider: Brown, N. RN

Reg #: 08570-025
Facility: GRE
Unit: H01

Injury Assessment - Non-work related encounter performed at Health Services.

SUBJECTIVE:

INJURY 1 Provider: Brown, N. RN

Date of Injury: 08/23/2017 13:00 **Date Reported for Treatment:** 08/23/2017 13:10

Work Related: No **Work Assignment:** REC YARD 4

Pain Location: Wrist-Left

Pain Scale: 2

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

suicide watch room.

Cause of Injury (Inmate's Statement of how injury occurred):

inmate cut himself.

Symptoms (as reported by inmate):

cuts with bleeding to left wrist.

OBJECTIVE:

Exam Comments

at 13:00 inmate Bohn was spotted by the suicide companion bleeding from his wrist. Inmate Bohn had sustained superficial self induced cuts to his left wrist x5. cuts were cleansed with sterile water, patted dry, and covered with 4x4 and coban. cuts were no longer bleeding at time of being wrapped. at 14:50 a repeat visual medical assessment was completed. inmate denied any injuries other than left wrist lacerations. visual assessment of head, face, neck, shoulders, back, chest, abdomen, arms, hands, legs, and oral mucosa was performed. following injuries noted.

1. 5 transverse superficial lacerations spanning the width of the wrist. (redressed with 4x4 and coban)
2. 1 superficial cut to the tip of the left thumb approximately 0.25 inches long. (did not require a dressing)
3. 1 very superficial cut/scratch to the left palm approximately 2 inches long. (did not require a dressing)

no other injuries noted or reported. inmate has good circulation noted to all extremities.

ASSESSMENT:

Other

1. 5 transverse superficial lacerations spanning the width of the wrist. (redressed with 4x4 and coban)
2. 1 superficial cut to the tip of the left thumb approximately 0.25 inches long. (did not require a dressing)
3. 1 very superficial cut/scratch to the left palm approximately 2 inches long. (did not require a dressing)

PLAN:

Disposition:

Placed on Suicide Watch

Patient Education Topics:

Date Initiated **Format**
08/23/2017 Counseling

Handout/Topic
Access to Care

Provider
Brown, N.

Outcome
Verbalizes
Understanding

Inmate Name: BOHN, JONATHAN WADE

Date of Birth: 05/04/1976

Encounter Date: 08/23/2017 14:56

Sex: M Race: WHITE

Provider: Brown, N. RN

Reg #: 08570-025

Facility: GRE

Unit: H01

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
Copoly Required: No		Cosign Required: Yes		
Telephone/Verbal Order: No				

Completed by Brown, N. RN on 08/23/2017 15:11

Requested to be cosigned by Ahmed, F. MD/CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Schneider, K. PA-C.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: BOHN, JONATHAN WADE
Date of Birth: 05/04/1976
Encounter Date: 08/23/2017 15:23

Sex: M Race: WHITE
Provider: Mills, Elizabeth PA-C

Reg #: 08570-025
Facility: GRE
Unit: H01

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Mills, Elizabeth PA-C

Chief Complaint: Trauma/Injury

Subjective: Inmate seen after apparent self inflicted injury while on suicide watch. Injury assessment completed by RN. Inmate states that he cut himself with a razor then flushed it down the toilet. Denies any other pain or injuries.

Pain: No

OBJECTIVE:

Exam Comments

5 linear superficial lacerations to left wrist bleeding controlled with pressure, no indication for sutures.

ASSESSMENT:

Superficial injury of forearm, S50919S - Current

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Other:

Wound care and injury assessment completed by RN, see note. Minor injury with no need for further treatment.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/23/2017	Counseling	Plan of Care	Mills, Elizabeth	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Mills, Elizabeth PA-C on 08/23/2017 15:28

Federal Correctional Inst
P.O. Box 5000
Greenville, IL 62246

109A
MAIL

Chert
United States District Court
750 Missouri Ave
E. St Louis, IL 62201

MAIL CLEARED
US MARSHALS



Legal Mail

RECEIVED
MAR - 9 2018
CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS OFFICE